



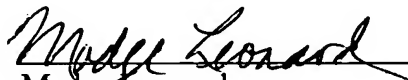
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# EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 032 197 074 US  
Date of Deposit : June 27, 2002  
Serial No. : 10/040,010  
Applicant(s) : Thomas M. Mills et al.  
Filing Date : January 1, 2002  
Title: : TREATMENT OF ERECTILE DYSFUNCTION  
Examiner : Unassigned  
Group Art Unit : 1614  
Type of Document(s) : Transmittal Form  
Preliminary Amendment  
Information Disclosure Statement (in duplicate)  
Form PTO/SB/08A  
References: 76  
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## TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	10/040,010
Filing Date	January 4, 2002
First Named Inventor	Thomas M. Mills
Group Art Unit	1614
Examiner Name	Unassigned

Total Number of Items in This Submission (including Transmittal Form)	82	Attorney Docket Number	M0351-267875 (011-00)
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### ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment - Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br>(in duplicate)<br><input type="checkbox"/> Certified Copy of Priority<br>Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing<br>Parts under 37 CFR<br>1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to<br>Group<br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):<br>Express Mail Certificate -<br>EV 032 197 074 US<br>Form PTO/SB/08A<br>References: 76<br>Return Postcard |
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Cynthia B. Rothschild, Esq. Reg. No. 47,040
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Signature

Date

*Cynthia B. Rothschild*  
6/27/02

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